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**Promotion and protection of the rights of children**

**Senegal: draft resolution**

## Support for efforts to end obstetric fistula

*The General Assembly*,

*Reaffirming* the Beijing Declaration[1] and Platform of Action,[2] the outcome of the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century",[3] and the declaration adopted at the forty-ninth session of the Commission on the Status of Women,[4]

*Reaffirming also* the international commitments in the field of social development and to gender equality and the advancement of women made at the World Conference on Human Rights, the International Conference on Population and Development, the World Summit for Social Development and the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, as well as those made in the United Nations Millennium Declaration[5] and at the 2005 World Summit,[6]

*Stressing* the interlinkages between poverty, malnutrition, poor health services, early childbearing, violence against young women and girls and gender discrimination as root causes of obstetric fistula and the fact that, in this regard, poverty remains the main social risk factor because of its association with early marriage and malnutrition,

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[1] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex I.

[2] Ibid., annex II.

[3] Resolution S-23/2, annex, and S-23/3, annex.

[4] See *Official Records of the Economic and Social Council, 2005, Supplement No. 7* and corrigendum (E/2005/27 and Corr.1), chap. I, sect. A.

[5] See resolution 55/2.

[6] See resolution 60/1.

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*Recognizing* that the difficult socio-economic conditions that exist in many developing countries, in particular the least developed countries, have resulted in the acceleration of the feminization of poverty,

*Also recognizing* that pregnancy and early motherhood entail complications during pregnancy and delivery and a risk of maternal mortality and morbidity that is much greater than average, and deeply concerned that early childbearing and limited access to the highest attainable standard of health, including sexual and reproductive health, including in the area of emergency obstetric care, cause high levels of obstetric fistula and maternal mortality and morbidity,

*Further recognizing* the serious immediate and long-term implications for health, including sexual and reproductive health, as well as increased vulnerability to HIV/AIDS, and the negative impact on psychological, social and economic development that violence against the girl child and adolescent girls represents for individuals, families, communities and States,

*Deeply concerned* about discrimination against the girl child and the violation of the rights of the girl child, which often result in less access for girls to education and nutrition, and to reduced physical and mental health, in girls enjoying fewer of the rights, opportunities and benefits of childhood and adolescence than boys and in their often being subjected to various forms of cultural, social, sexual and economic exploitation and to violence and harmful practices,

1. *Recognizes* the interlinkages between poverty, malnutrition, poor health services, early childbearing and gender discrimination as root causes of obstetric fistula, that, in this regard, poverty remains the main social risk factor because of its association with early marriage and malnutrition, that the eradication of poverty is critical to meeting the needs and protecting and promoting the rights of girls and that continued urgent national and international action is required to eliminate it;

2. *Stresses* the need to address the social issues that contribute to the problem of obstetric fistula, such as early pregnancy, lack of, or inadequate, education of girls and poverty and low status among women and girls;

3. *Also stresses* that States have the obligation to promote and protect all human rights and fundamental freedoms of women and girls, that they must exercise due diligence in order to prevent, investigate and punish the perpetrators of violence against women and girls and provide protection to the victims and that failure to do so violates and impairs or nullifies the enjoyment of the human rights and fundamental freedoms of women and girls;

4. *Calls upon* States to ensure that girls have equal access to complete, free and compulsory primary education of good quality and to renew their efforts to improve and expand girls' and women's education at all levels, including at secondary and higher levels, as well as vocational education and technical training, in order to, inter alia, achieve gender equality, the empowerment of women and poverty eradication;

5. *Urges* States to enact and strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses, in addition laws concerning the minimum legal age of consent and the minimum age for marriage, and to raise the minimum age for marriage where necessary;

6. *Calls upon* States and/or the relevant funds and programmes, organs and specialized agencies of the United Nations system, within their respective mandates, and invites the international financial institutions and all relevant actors of civil society, including non-governmental organizations and the private sector, to:

(a) Develop, implement and support national and international prevention, care and treatment strategies, as appropriate, to effectively address the condition of obstetric fistula and to further develop a multisectoral, multidisciplinary, comprehensive and integrated approach in order to bring about lasting solutions and put an end to obstetric fistula, maternal mortality and related morbidities, including through ensuring access to affordable, comprehensive, quality maternal health-care services, including skilled birth attendance and emergency obstetric care;

(b) Strengthen the capacity of health systems to provide the essential services needed to prevent obstetric fistula and to treat those cases that occur by providing the continuum of services, including family planning, antenatal care, skilled birth attendants, emergency obstetric care and post-partum care to young women and girls, including those living in poverty and in underserved rural areas where obstetric fistula is most common;

(c) Redouble their efforts to meet the internationally agreed upon goal of improving maternal health by increasing access to skilled attendance at birth and to emergency obstetric care;

(d) Provide essential health services, equipment and supplies and skills training and income-generating projects to young women and girls so they can break out of the cycle of poverty and have options beyond early marriage;

(e) Mobilize funding to provide free or subsidized fistula repairs, including by encouraging more networking among providers and the sharing of new treatment techniques and protocols;

(f) Provide health education and counselling, including medical counselling, as key components of post-operative care, and support social reintegration projects;

(g) Educate individual women and men, communities, policymakers and health professionals about how fistula can be prevented and treated and increase awareness of the needs of pregnant women and girls through working with community and religious leaders, traditional birth attendants, media, radio stations, influential public figures and policymakers, and support the training of doctors, nurses and other health workers in lifesaving obstetric care;

(h) Develop means of transportation that enable women and girls to access obstetric care and to access treatment and provide incentives to encourage more doctors and midwives to work in rural areas;

7. *Calls upon* the international community to support the United Nations Population Fund in establishing regional fistula treatment and training centres by identifying and supporting health facilities that have the potential to serve as centres for treatment, training and convalescent care;

8. *Encourages* communication and networking among existing fistula treatment centres to facilitate training, research, advocacy and the development of universal standards and fund-raising, and urges the international community to

address the shortages of trained doctors, space and supplies that limit the capacity of most of the fistula treatment centres;

9. *Urges* multilateral donors, and invites international financial institutions, within their respective mandates, and regional development banks to review and implement policies to support national efforts to ensure that a higher proportion of resources reach young women and girls, in particular in rural and remote areas;

10. *Invites* Member States to contribute to the Global Campaign to End Fistula of the United Nations Population Fund, the goal of which is to eliminate obstetric fistula by 2015, in line with the Millennium Development Goal to improve maternal health;

11. *Requests* the Secretary-General to report to the sixty-third session of the General Assembly on the implementation of the present resolution.